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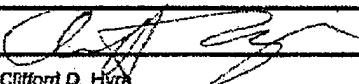
Total Number of Pages in This Submission **2**

Application Number	10765,115
Filing Date	01/28/2004
First Named Inventor	Pamela Saha
Art Unit	2877
Examiner Name	Jareas C. Underwood

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hyra IP, PLC		
Signature			
Printed name	Clifford D. Hyra		
Date	01/07/2008	Reg. No.	60,086

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OR
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/765,115
Filing Date	01/28/2004
First Named Inventor	Pamela Saha
Title	Deformable Photoelastic Device
Art Unit	2877
Examiner Name	Jarreas C. Underwood
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Clifford D. Hyra	60,086

Please recognize or change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Hyra IP, PLC	
Address	12120 Sunset Hills Road, Suite 600		
City	Reston	State	VA
Country	US	Zip	20190
Telephone	1-866-913-3499	Email	Info@HyraIP.com

I am the:

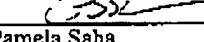
Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1/7/09
Name	Pamela Saha	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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